

227975

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Vital Care EMS

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 58 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mark Bound

Telephone: 864-249-0494

Address: 115 Ridgewood Dr.

Fax: 888-275-1188

Sumner, SC. 29349

Other: 864-378-7423

Email: MBound@Compliance-Logistics.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

RECEIVED
FEB 07 2011
CLERK'S OFFICE

RECEIVED
FEB 9 - 2011
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

935

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 1/26/2011

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Vital Care EMS, INC.
100 NORTHEAST Dr., Suite 112 Columbia S.C. 29203
Street Address of Applicant

Mailing Address of Applicant if different from street address

803-708-5934 803-708-5938
Phone Fax

JTHAMM@NACEMS.ORG
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
 Month Feb Year 2011

Assets:

Cash	- \$5,000.00
Receivables	
Real Estate	Building - \$400,000.00
Buildings and Equipment (Net)	↓
Motor Vehicles (Net)	\$250,000.00
Garage Equipment (Net)	3,000.00
Machinery and Tools (Net)	2,000.00
Supplies on Hand	2,000.00
Prepays and Other Assets	
Total Assets	\$662,000.00

Liabilities and Equity:

Accounts Payable	-
Notes Payable	None
Mortgages Payable	None
Equipment Obligations	\$150,000.00
Accrued Salaries and Wages	\$19,000.00
Other Accrued Obligations	- None
Other Liabilities	None
Total Liabilities	169,000
Capital Stock	0
Retained Earnings	0
Total Equity	662,000
Total Liabilities and Equity	169,000

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

28.00 1.25 per Mile

Counties to be Served:

Richland
Lexington

Anderson

Laurens

Spartanburg

Greenville

Union

Florence Area

SOUTH CAROLINA - STARTING

Maximum Number of Passengers per Vehicle:

2



DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Dodge	2001	2B6LB31Z 01K502789	(9000)	1HC
Ford	2006	1FTNE2FW641HA 96676	(3000)	HC
Dodge	2001	2 ^{B6} B6 LB31Z 71K502787	(9000)	1HC
Ford	2005	1FTNE2FWX5HA 15227	(3000)	1HC
Ford	2006	1FTNE2FW76HA 96642	(3000)	1HC
Ford	2006	1FTNE2FW56HA 96641	(3000)	1HC
Ford	2006	1FTNE2FWX6HA 96624	(3000)	1HC
Ford	2006	1FTNE2FW66HA 96633	(3000)	1HC
Ford	2006	1FTNE2FWZ6HA 96645	(3000)	1HC
Ford	2011	1FTNE2EW7BDA 16563	(3000)	1HC
Ford	2011	^{FT5X} 1FTNE 35GXP1KA 29902	(3000)	1HC
Ford.				

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

VITAL CARE EMS

Name of Motor Carrier

100 NORTHEAST DR. Suite 112 COLUMBIA, SC

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 9698

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

CONTINENTAL WESTERN INSURANCE CO.

Name of Insurance Company

4820 LAKE BROOK DR. Suite 300 GLEN ALLEN, VA. 23060

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1-28-'11

Date

John S. Church

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Vital Cale EMS

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Anderson.

Dave T. Roberts

Applicant's Signature

I,

DAVE T. ROBERTS

Name of Applicant's Representative

OWNER

Title

of

Vital Care EMS

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Dave T. Roberts

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 31st day of January, 2011

Esther L. Burrow

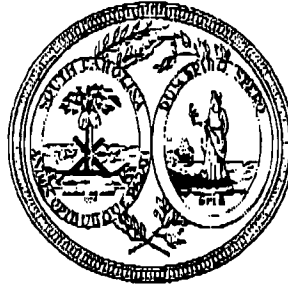
Notary Public

Commission Expires

My Commission Expires

June 21, 2017

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

VITAL CARE EMS, INC.,

a corporation duly organized under the laws of the State of South Carolina on October 30th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of October, 2009.

A handwritten signature in black ink that reads "Mark Hammond".
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. It is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports; a certificate of compliance must be obtained from the Tax Commission.

